



PATENT
450108-02836

IFW AF
2876

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

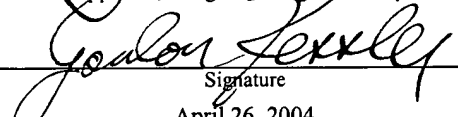
Applicants : Tatsuo ITABASHI et al.
Serial No. : 09/869,819
Filed : July 5, 2001
For : INFORMATION COMMUNICATION SYSTEM AND METHOD
Examiner : April A. TAYLOR
Art Unit : 2876

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 26, 2004.

Gordon Kessler, Reg. No. 38,511

(Name of Applicant, Assignee or Registered Representative)

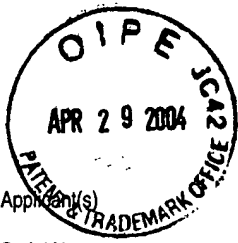

Signature
April 26, 2004
Date of Signature

AMENDMENT AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Final Office Action of February 27, 2004, please amend this application as follows:



PATENT
450108-02836

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Tatsuo ITABASHI et al.
Serial No. : 09/869,819
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Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	20	Minus	= 20	0 ×	\$18(9)	= \$00.00
Independent claims	4	Minus	= 4	0 ×	\$86(43)	= \$.00
			Total additional fee for this amendment			\$.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$260 (\$130) has been previously paid __, or is paid herewith __.

☐ This response is being filed within the __ first month, __ second month, __ third month, __ fourth month following the expiration of the term originally set therefor, and the fee of __ \$110 (\$55), __ \$400 (\$200), __ \$920 (\$460), __ \$1,440 (\$720) for the requisite extension __ paid herewith.

☐ A check in the amount of \$.00 is attached.

☐ Charge \$__ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon Kessler
Signature
April 26, 2004
Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

Gordon Kessler
By: Gordon Kessler
Reg. No. 38,511